

State Opioid Response Grant: FOA # TI-18-015

Key Take Home Points from FOA

1. How and where is SAMHSA providing more direction for states than they have in the recent past?
 - a. The FOA includes a **15 percent set-aside for the ten states** with the highest mortality rate related to drug overdose deaths.
 - b. SAMHSA **requires** that FDA-approved medication-assisted treatment (MAT) be made available to those diagnosed with OUD. FDA-approved MAT for OUD includes methadone, buprenorphine products, including single-entity buprenorphine products, buprenorphine/naloxone tablets, films, buccal preparations, long-acting injectable buprenorphine products, buprenorphine implants, and injectable extended-release naltrexone.
 - c. SAMHSA states clearly that medical withdrawal (detoxification) is **not** the standard of care for OUD, is associated with a very high relapse rate, and significantly increases an individual's risk for opioid overdose and death if opioid use is resumed. Therefore, medical withdrawal (detoxification) when done in isolation is not an evidence-based practice for OUD. If medical withdrawal (detoxification) is performed, it **must be accompanied by** injectable extended-release naltrexone to protect such individuals from opioid overdose in relapse and improve treatment outcomes.
 - d. There is a new emphasis on state's assuring subgrantee fidelity to practice: SAMHSA **will monitor use of these funds** to assure that they are being used to support evidence-based treatment and recovery supports and will not permit use of these funds for non-evidence-based approaches. Grantees must comply with 45 CFR's Part 75's sub-recipient risk assessment and monitoring requirements (§ 75.352(b) and (d)).
 - e. SAMHSA specifies and lays out broad examples of evidenced-based approaches for Opioid Use Disorder, including hub and spoke models, treatment in federally and state-regulated Opioid Treatment Programs, addiction specialty care programs that either directly provide or support use of MAT for OUD in addition to psychosocial services such as drug counseling, psychoeducation, toxicology screening, individual, group, or family therapy, vocational/educational resources, case management, and recovery support services.
 1. SAMHSA suggests that specialty programs such as emergency departments, urgent care centers, in some cases, pharmacies, and intensive outpatient, partial hospital, or outpatient substance use disorder treatment programs that also support appropriate MAT and recovery support services may also qualify as programs utilizing evidence-based practices.
 2. They also note that Inpatient/residential programs that provide intensive services to those meeting medical necessity criteria and which offer MAT may also be programs engaging in evidence-based practices ***if the care continuum includes a connection to MAT in the community once discharged*** from the inpatient/residential program.
 3. Primary care or other clinical practice settings where MAT is provided and linkages to psychosocial services and recovery services in support of patient needs related to the provision of comprehensive treatment of OUD may also qualify as evidence-based programs/practices.

- f. SAMHSA states that the full continuum of care can be covered with this grant, but is quite directive re: what states can pay for:
 1. Grantees must ensure that recovery housing supported under this grant is in an appropriate and legitimate facility. Individuals in recovery should have a meaningful role in developing the service array used in your program.
 2. Implement prevention and education services including training of healthcare professionals on the assessment and treatment of OUD, training of peers and first responders on recognition of opioid overdose and appropriate use of the opioid overdose antidote naloxone, develop evidence-based community prevention efforts including evidence-based strategic messaging on the consequence of opioid misuse, and purchase and distribute naloxone and train on its use.
 3. Ensure that all applicable practitioners (physicians, NPs, PAs) associated with your program obtain a DATA waiver.
 4. Provide assistance to patients with treatment costs and develop other strategies to eliminate or reduce treatment costs for uninsured or underinsured patients.
 5. Provide treatment transition and coverage for patients reentering communities from criminal justice settings or other rehabilitative settings.
 6. Make use of the SAMHSA-funded Opioid TA/T grantee resources to assist in providing training and technical assistance on evidence-based practices to healthcare providers.
 - g. SAMHSA provides a specific list of overarching allowable activities, including addressing barriers to receiving MAT, supporting innovative telehealth strategies, offender re-entry, prioritizing service members/veterans, and developing and implementing tobacco cessation programs, activities, and/or strategies.
 - h. SAMHSA includes Policy Development as an allowable activity under the up to 5% set aside for Infrastructure Development which they define as: programs and guidelines adopted and implemented by institutions, organizations and others to inform and establish practices and decisions and to achieve organizational goals, **though not** activities designed to influence the enactment of legislation, appropriations, regulations, administrative actions, or Executive Orders.
 - i. SAMHSA states definitively that in all cases, MAT must be permitted to be continued for as long as the prescriber or treatment provider determines that the medication is clinically beneficial. Grantees **must assure that clients will not be compelled to no longer use MAT as part of the conditions of any programming** if stopping is inconsistent with a licensed prescriber's recommendation or valid prescription.
2. What **cannot** be funded with this grant?
 - a. Non-evidence-based treatment approaches.
 - b. Medications not approved by the FDA.
 - c. Any program that would deny any eligible client, patient or individual access to their program because of their use of FDA-approved medications for the treatment of substance use disorders.
 - d. Services and supports that don't/won't link people with MAT.
 - e. Support positions that exceed salary rates in excess of Executive Level II: The Executive Level II salary can be found in SAMHSA's standard terms and conditions for all awards at

<https://www.samhsa.gov/grants/grants-management/notice-award-noa/standard-terms-conditions>

- f. Pay for any lease beyond the project period.
- g. Pay for the purchase or construction of any building or structure to house any part of the program. (Applicants may request up to \$75,000 for renovations and alterations of existing facilities, if necessary and appropriate to the project.)
- h. Provide residential or outpatient treatment services when the facility has not yet been acquired, sited, approved, and met all requirements for human habitation and services provision. (Expansion or enhancement of existing residential services is permissible.)
- i. Provide detoxification services unless it is part of the transition to MAT with extended release naltrexone.
- j. Make direct payments to individuals to enter treatment or continue to participate in prevention or treatment services.
- k. Meals are generally unallowable unless they are an integral part of a conference grant or specifically stated as an allowable expense in the FOA. Grant funds may be used for light snacks, not to exceed \$3.00 per person.